

Unusual location of condyloma lata

A case report

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SUMMARY The case of a woman with secondary syphilis is described. The outstanding features were the presence of condylomata lata of the axilla and vulva as well as of the anal region.

Introduction

The papular lesions of secondary syphilis that appear in the moist areas of the body are called condyloma lata (Fiumara, 1972). They result from a coalescence of papular lesions which are discrete elsewhere on the rest of the body. The moist areas coincide with the flexion creases—these are nasolabial folds, cleft of the chin, beneath the chin, behind the ear, axillary and antecubital folds, and webs of the fingers. They can also appear beneath a pendulous breast, at the umbilicus, and in anogenital areas, popliteal spaces, and webs of the toes. Condyloma lata are hypertrophic, granulomatous, exuberant, reddish brown or purplish, flat topped, and moist. They teem with treponemes. Generally they are seen in the anogenital area but occasionally they are present also in the other flexion creases.

CASE HISTORY

A 28-year-old Black college-educated woman went to her doctor because she had a 'wart' on her left nasolabial area. She arrived late in the afternoon without an appointment, but was seen although the doctor had little time.

The doctor quickly looked at the lesion, diagnosed it as a wart, and wrote a prescription for 20% podophyllin in tincture of benzoin. This she was to apply daily to the wart. She did so and in five days it disappeared, only to recur one week later. She again applied the medication, but this time the wart became bigger and inflamed. Meanwhile her contact developed a 'wart' on his penis, and she shared the medication with him. The contact, a 31-year-old man, applied the podophyllin each day, but the wart ulcerated and the area of ulceration became

bigger and more painful as each day passed. The pain in her face and his in the penis drove them to confide their problem to a friend who referred them to me.

The woman worked as a secretary. She complained of the 'wart' on the left side of her nose, but also had had stains on her hands and feet for the past month, plus warts on her labia and perianal area. On examination she had a granulomatous flat topped nodule at the left nasolabial area which was swollen and tender. Permission to take a picture of this lesion was denied for fear she might be recognised. She consented to have her other lesions photographed. She had a patchy non-scarring, non-erythematous alopecia of the scalp (Fig. 1). There was an anterior and posterior lymph



Fig. 1 Alopecia in female patient.

node enlargement—the nodes were hard, discrete, and non-tender. On the palms of the hands were discrete, macular, dark brown lesions. In the axillae were confluent, papular lesions—flat topped and exuberant (Fig. 2). The epitrochlear and axillary nodes were enlarged and non-tender. There was no rash on the chest, abdomen, back, or anus. On the labia were a number of ulcerating condyloma lata (Fig. 3). Perianally there were flat topped nodules which had not ulcerated (Fig. 4). The inguinal nodes

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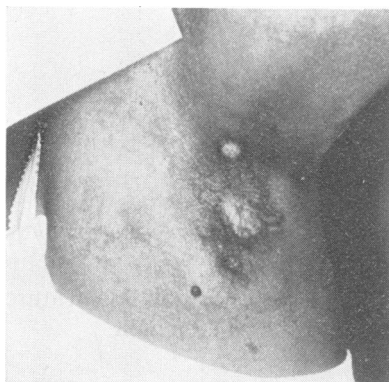


Fig. 2 *Condylomata lata in axilla in female patient.*

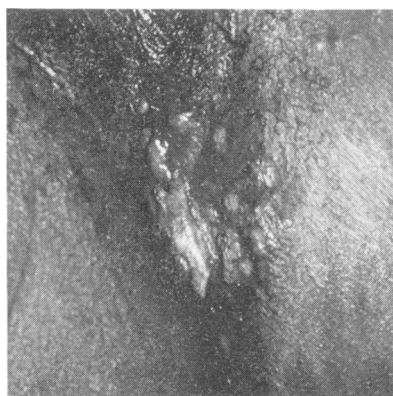


Fig. 3 *Labial condylomata lata in female patient.*

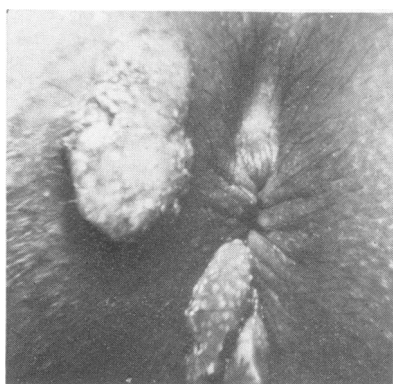


Fig. 4 *Anal condylomata lata in female patient.*

were enlarged, discrete, and non-tender. On the soles and lateral aspects of the feet were discrete, papular, scaly lesions. The darkfield examination of

one of the labial lesions was positive for *Treponema pallidum*. The blood rapid plasma reagin circle card test (RPR-CT) was reactive at 1:256. She was treated with benzathine penicillin G 2.4 megaunits intramuscularly weekly for two doses.

The patient's post-treatment course was uneventful. The condylomata lata disappeared and the RPR-CT test was non-reactive in 17 months.

The contact was assistant manager in a garage. He had had two years' training at college. On examination he had a large indurated tender ulcer on the penis (Fig. 5). It was circumscribed by an areola of erythema. The inguinal nodes were enlarged bilaterally, hard, discrete, and non-tender. The darkfield examination was positive for *T. pallidum* and the RPR-CT test was reactive at 1:64. The patient was treated with benzathine penicillin G 2.4 megaunits intramuscularly weekly for two doses. The ulcer healed completely in four weeks. He was examined clinically and serologically each month and became seronegative 11 months later.



Fig. 5 *Primary chancre after application of podophyllin.*

Discussion

Condyloma lata are usually seen in the anogenital area and less often in the other flexion creases. However, one does not see these lesions in the other areas of the body without their presence in the anogenital area. The incidence of widespread condyloma lata is unknown since statistics are not kept on them and physicians seldom describe such cases. We are indebted to S. N. Shrivastava and Gurmohan Singh for their report (Shrivastava and Singh, 1977). The case history illustrates the inherent dangers of trying to see too many patients in a limited time. This otherwise capable doctor would

not have missed the diagnosis, if he had not tried to fit the patient in towards the end of surgery when he was in a hurry. Thus, he missed the obvious alopecia of the scalp and the palmar lesions. Undressing the patient would have led to the discovery of the extensive condyloma lata and the accompanying adenopathy.

References

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Shrivastava, S. N., and Singh, G. (1977). Extensive condyloma lata. *British Journal of Venereal Diseases*, 53, 23–25.